

## **2001 Schedule S** Supplemental Information and Dependents

File order 3

If you use this schedule, staple it to your D-40. Print in all CAPITAL letters in black ink.

FICIAL LISE ONLY

Re-enter your <b>last</b> name.		Your soc	ial security number			
Foreign address Do not abbreviate co	untry name. Attach Sched	lule S to your D-40.				
Home address (number and street)				Į.	Apartment numbe	er
City						
oney						
State/Province			Daytime phone number			
Country			Postal code			
Dependents Attach Schedule S to your			tach a statement to your			
return listing the name, rei	ationship, and social secui	rity number of each.				
First name	M.	I. Last name				
						ш
Social security number	Relationship					
First name	M.	I. Last name				_
				$\perp$		ш
Social security number	Relationship					
First name	M.	I. Last name				
Social security number	Relationship			7		
First name	M.	I. Last name				
					ш	
Social security number	Relationship			7		
		$\perp \perp \perp \perp \perp$				
First name	M.	I. Last name				
				$\perp$		ш
Social security number	Relationship					
	$\Box$	$\overline{}$				
Hand of household files and a con-						
Head of household filers Attach Sc						
First name of qualifying non-dependent person	M.	I. Last name				_
				$\bot$		ш
Income from D.C. franchica as fid	raiamy havy walkisma					
Income from D.C. franchise or fide	ucialy lax feluffi					
Name of entity		Federal employer ID	number	Share of income		00
				9		.00
Name of entity		Federal employer ID	number	Share of income		
				\$		.00



Re-enter your <b>last</b> name.	Your social security number	File order	4				
Calculation G Number of exemptions							
Attach Schedule S to your D-40. Do not attach it if you only filled in lines a, b, of Calculation G and no other sections of Schedule S.	f, and i						
a Enter 1 for yourself		а					
b Enter 1 if you are filing as a head of household		b					
c Enter 1 if you are 65 or over		С					
d Enter 1 if you are blind		d					
e Enter number of dependents		е					
F Enter 1 for your spouse if filing jointly or married filing separate	ely on same return	f					
${f g}$ Enter ${f 1}$ if married filing jointly or separately on same return, an	d your spouse is 65 or over	g					
h Enter $1$ if married filing jointly or separately on same return, an	d your spouse is blind	h					
Total number of exemptions Add lines a through h and enter on D-40	), line 19.	i					

Calculation J Tax for married filing separately on same return							
	mplete each column separately. Do not combine any amounts until u reach line k. Attach Schedule S to your D-40.		You		Your spouse		
а	Federal adjusted gross income  If you filed separate federal returns, enter amounts from 1040, line 33 or 1040A, line 19. If you filed a joint federal return, figure out each person's portion of federal adjusted gross income.	а			·		
b	Total additions Figure out each person's portion of additions from D-40, line 15.	b					
С	Add lines a and b.	С					
d	Total subtractions Figure out each person's portion of subtractions from D-40, line 13.	d					
е	D.C. adjusted gross income Subtract line d from line c.	е					
f	Deduction amount  Figure out each person's portion of deductions from D-40, line 18.  You may divide this amount any way you like.	f					
g	Exemption amount Figure out each person's portion of exemptions from D-40, line 20.	g					
h	Add lines f and g.	h					
i	Taxable income Subtract line h from line e.	i					
j	Tax If line i is \$100,000 or less, use tax tables on pages 45-54.  If more, use Calculation I, on page 11.	j	Total tax				
k	Add the amounts for you and your spouse on line j and enter on D-40, line 23.	k					